

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005227
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 28

Primary Registration District No. 6291 Registrar's No. 21

FILED FEB 19 1963

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY		c. CITY OR TOWN KANSAS CITY 17	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. HOSP.		d. STREET ADDRESS (If outside, give location) 4519 No. ASKEW	
3. NAME OF DECEASED (Type or print) First MABEL Middle MARY Last Reed		4. DATE OF DEATH Month Feb. Day 13- Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-9-90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BOOKKEEPER	
11. BIRTHPLACE (City and state or country) KANSAS CITY, KAN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HOWARD M. REED		13b. MOTHER'S MAIDEN NAME MINA B. MARCELLUS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MYRTLE M. PARKE - 4519 NO. ASKEW	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1962 to 8-85 and last saw her alive on Feb 13 63		Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Wm. H. Graham		22b. ADDRESS Liberty Mo	
22c. DATE SIGNED 7-4-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-15-63	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH	23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.
24. FUNERAL DIRECTOR D.W. Newcomer's Sons	ADDRESS KAN. CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-16-63	26. REGISTRAR'S SIGNATURE Mabel Graham

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 9 1964

FEB 25 1963

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John V. Heinrich, Jr.

Licensed Embalmer No. 4848

P. O. Address K.C. 17 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.